

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027737

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 151

Primary Registration District No. 5678

Registrar's No. 29

FILED JUL 31 1962

## 1. PLACE OF DEATH

a. COUNTY

Lincoln

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Waverly Township

Length of stay in 1b  
2 Years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Route #1 ( residence)

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Lincoln

c. CITY OR TOWN

Cyrene

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS

Rt. # 1

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

Beatrice

E.

Marsh

4. DATE OF DEATH

Month July

Day 24

Year 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married

Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/15/02

## 9. AGE (last birthday)

59

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
At Home

11. BIRTHPLACE (City and state or country)  
Elwood, Indiana

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Charles E. Perry

## 13b. MOTHER'S MAIDEN NAME

Adeline Fuller

## 14. NAME OF HUSBAND OR WIFE

Walter E. Marsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Walter E. Marsh

Cyrene Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for (PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Circulatory Failure  
Myocardial Infarct.*

INTERVAL BETWEEN ONSET AND DEATH

*minutes  
days*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 7-7-62 to 7-13-62 and last saw her alive on 7-13-62  
Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

## 23b. DATE

7/27/62

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County Missouri

## 24. FUNERAL DIRECTOR

Address  
Ferguson 35 Mo.

## 25. DATE RECD. BY LOCAL REG.

7/26/62

## 26. REGISTRAR'S SIGNATURE

Ray J. Pense

White-Mullen Mortuary, Inc.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59  
0570  
20570  
3  
4 1  
5 1  
6  
7 1  
8 2  
9 4201  
10  
11  
12 70-2  
13 3-0

7551 9 1 507 5A

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ranhold K Lohrmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35 me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.